## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

/OAP	Atty P1B-4017-124  Okt.  C# M#			
BONZI (MAY 1 2 2010 W) TC/A.U.	3726			
Serial No. 10/560.904 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	niner: Cadugan, Erica E.			
7, 0	Date: May 12, 2010			
Title: APPARATUS FOR THE PRODUCTION OF CAP				
	·			
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Sir:				
	SE/AMENDMENT/LETTER entified application and includes an attachment which is hereby			
	erves as the signature to the attachment in the absence of any other			
☐ Correspondence Address Indication	Form Attached.			
Fees are attached as calculated below:				
Total effective claims after amendment 84 r previously paid for 85 (at least 20) =	ninus highest number 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$ 0.00			
	ninus highest number			
previously paid for 8 (at least 3) =	0 x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ 0.00			
If proper multiple dependent claims now added for f				
	\$390.00 (1203)/\$195.00 (2203) \$ 0.00 ate so as to cover the filing date of this One Month Extension \$130.00 (1251)/\$65.00 (2251) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) ree Month Extensions \$1110.00 (1253/\$555.00 (2253)			
	Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$ 130.00			
Terminal disclaimer enclosed, add	\$140.00 (1814)/ \$70.00 (2814) \$ 0.00			
<u> </u>	tement filed herewith			
Rule 56 Information Disclosure Statement Filing Fe	e \$180.00 (1806) \$ 0.00			
Assignment Recording Fee	\$40.00 (8021) \$ 0.00			
Other:	\$ 0.00			
	TOTAL FEE \$ 130.00			
☑ CREDIT CARD PAYMENT FORM A	•			
	ny <u>deficiency</u> , or credit any overpayment, in the fee(s) filed, or herewith (or with any paper hereafter filed in this application by this			
901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100	NIXON & VANDERHYE P.C. By Atty: Paul T. Bowen, Refg. No. 38,009			
PTB:eaw	Signature:			
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05/13/2010 SMOHAMME 00000026 10560904 01 FC:1251 130.00 OP

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	Atty	PTB-4017-124			
ō	Dkt.	C# M#			
BONZI .	TC/A.U.	3726	OPAP		
Serial No. 10/560,904	Examiner:	Cadugan, Erica E.	( 801		
Filed: March 6, 2006	Date:	May 12, 2010	$\left(\begin{array}{c} \text{MAY 1 2 2010} \\ \odot \end{array}\right)$		
Title: APPARATUS FOR THE PRODUCTION	OF CAPS		PARADEMISH OF		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Sir:			_		
This is a response/amendment/letter in the a incorporated by reference and the signature signature thereon.	bove-identified	<b>IENDMENT/LETTE</b> d application and incase the signature to the signature the signatur	cludes an attachment which is hereby		
☐ Correspondence Address Indi	cation Form	n Attached.			
Fees are attached as calculated below: Total effective claims after amendment previously paid for 85 (at least 2)		highest number : \$52.00	\$0.00 (1202)/\$0.00 (2202) \$ 0.00	)	
Independent claims after amendment previously paid for 8 (at least 3) =		highest number \$220.00	\$0.00 (1201)/\$0.00 (2201)  \$	)	
If proper multiple dependent claims now add Petition is hereby made to extend the current paper and attachment(s)	nt due date so One Two M Three Mo Four N	\$ as to cover the filing Month Extension \$ onth Extensions \$45 onth Extensions \$11 Month Extensions \$	390.00 (1203)/\$195.00 (2203) \$ 0.00 g date of this 130.00 (1251)/\$65.00 (2251) 90.00 (1252)/\$245.00 (2252) 110.00 (1253/\$555.00 (2253) 1730.00 (1254/\$865.00 (2254)		
Terminal disclaimer enclosed, add	7 170 171		350.00 (1255/\$1175.00 (2255)  \$    130.00 3140.00 (1814)/ \$70.00 (2814)   \$           0.00		
☐ Applicant claims "small entity" status. ☐ Statement filed herewith					
Rule 56 Information Disclosure Statement F	iling Fee		\$180.00 (1806) \$ 0.00	ł	
Assignment Recording Fee			\$40.00 (8021) \$ 0.00	,	
Other:			\$ 0.00		
M CREDIT CARD DAVIMENT FO		OUED	TOTAL FEE \$ 130.00		
CREDIT CARD PAYMENT FO The Commissioner is hereby authorized to cl asserted to be filed, or which should have be firm) to our Account No. 14-1140.	narge any defi	ciency, or credit any	overpayment, in the fee(s) filed, or er hereafter filed in this application by this		
901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100	Ву А	ON & VANDERHYE tty: Paul T. Bowen,			
PTB:eaw	Signa	ature:	Ţ		